PART B - FEE(S) TRANSMITTAL

OCT 2 5 2004

Complete and sen Ethis form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

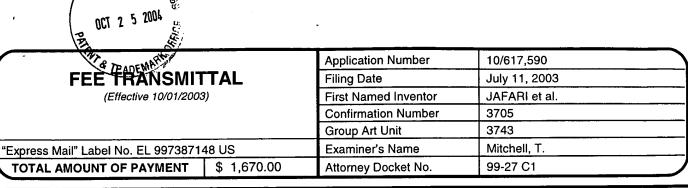
a ii	appropriate. All further correspondence including the Patent, advance orders and notification ndicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				a new correspondence address; Note: A certificate of	LICATION FEE (if required). Blocks I through 5 should be completed where ion of maintenance fees will be mailed to the current correspondence address as a correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
					papers. Each additions	al paper, such as an assignme of mailing or transmission.	ent or formal drawing, must		
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	MICHAEL W. HAAS, INTELLECTUAL PROPERTY				I haraby cortify that the	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
	COUNSEL				States Postal Service				
	RESPIRONICS, INC. 1010 MURRY RIDGE LANE MURRYSVILLE, PA 15668 Express Mail Label No. EL997387148US				transmitted to the USP				
					Michael W		(Depositor's name)		
					Se all	C. 142 cm	(Signature)		
						25 2004	(Date)		
_					October 25 2004				
	APPLICATION NO.	FILING DATE	,	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	10/617,590	07/11/2003	• •	Mehdi	M. Jafari	99-27 C1	3705		
T	ITLE OF INVENTION: M	MEDICAL VENTILATOR T	RIGGERING AND	CYCLING	METHOD AND MECHANISM	М			
	7/2004 WABDELR3 0000								
N1 FI	C:1501	1370.00 OP				,			
)2 F	APPLN. TYPE	SMALL ENTITY	ISSUE F	P.P.	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
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	nonprovisional	NO	\$1330)	\$300	\$1630	10/26/2004		
ſ	EXAM	MINER	ART UNIT		CLASS-SUBCLASS]			
_	MITCHELL, TEENA KAY		3743		128-204210	128-204210			
	. Change of correspondence	ee Address" (37	2. For pri	nting on the patent front page, li	on the patent front page, list				
(CFR 1.363).				the names of up to 3 registered patent attorneys 1 Michael W. Haas				
	- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively, (2) the name of a single firm (having as a member a 2				
	□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cunumber is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3	. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	THE PATEN	T (print or type)				
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
	Respironics, Inc. Murrysville, Pennsylvania								
	elease check the appropriate assignee category or categories (will not be printed on the patent):								
-	and a proposition and the second control of								
4	4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
		mall antitu diagaunt nameitta	٨.		dit card. Form PTO-2038 is attached.				
					•				
	Advance Order - # of Copies Sequence The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50 = 0.558 (enclose an extra copy of this form).								
3	. Change in Entity Status	(from status indicated above	=)						
_	□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).								
1	OTE: The Issue Fee and F		will not be accepted	d from anyo	any) or to re-apply any previous ne other than the applicant; a reg				
_	Authorized Signature)	W. Hour	(Date)	0/25	104				
7	his collection of informati	on is required by 37 CFR 1.3	11. The information	n is required	to obtain or retain a benefit by	the public which is to file (as	nd by the USPTO to process		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Mail Stop Issue Fee TRANSMITTAL **Application Number** 10/617,590 Filing Date July 11, 2003 Confirmation Number 3705 **FORM** (To be used for all correspondence after initial filing) JAFARI et al. Inventor(s) Group Art Unit 3743 Express Mail Label No.: EL 997387148 US Mitchell, T. Examiner Attorney Docket No. 99-27 C1 Total Number of Pages in This Submission:

ENCLOSURES (check all that apply)								
Fee Transmittal Form	n .	Assignment Papers	\boxtimes	Issue fee Transmittal Form PTOL- 85(b) + (c) and Cover Sheet				
Fee Attached	1,670.00	Cover Sheet		After Allowance Communication to Group				
Check`No.: 125	58	Drawing Change Authorization Request and Amended Figure(s	s)	Appeal Communication to Board of Appeals and Interferences				
. Amendment / Res	ponse	Request for Return of PTO-1449 Forms	9	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final		Petition to the Commissioner		Request for Continued Examination (RCE)				
Affidavits / De	eclaration(s)	To Convert a Provisional Application		Status Request Letter				
Extension of Time Re	equest	Power of Attorney, Revocation Change of Address		Small Entity Statement				
Information Disclosu	re Statement	Terminal Disclaimer(s)		Request for Refund				
Form PTO-14	149	Certified Copy of Priority Document(s)		Response to Missing Parts / Incomplete Application				
Cited Referer		Certificate of Mailing by Express Mail	3					
Search report								
Drawing(s): Number Number of Figs		Other Enclosure(s):						
Formal	and cover sheet							
Informal								
Current Due Date: October 26, 2004								
	SIGNATUR	E OF APPLICANT, ATTORNEY,	OR AGENT	Γ'				
Individual and Micha Company RESF								
Signature $M_{ m c}$	Kael h.	Hoar						
Date Octob	ber 25, 2004			•				
CERTIFICATE OF MAILING								
I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: October 25, 2004,								
Express Mail Label No. <u>EL 997387148 US</u> .								
Typed Name Micha	Typed Name Michael W. Haas, Reg. No. 35,174							
Signature //	erhael h.	Haar	Date	October 25, 2004				



METHOD OF PAYMENT	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. AI	3. ADDITIONAL FEES				
Deposit Account Number	Large Fee Code	Entity Fee (\$)	Smail Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
Deposit Respironics, Inc.	1051	130	2051	65	Surcharge - late filing fee or declaration	
Name Charge any additional Charge the Issue Fee set	1052	50	2052	25	Surcharge - late provisional filing fee or or cover sheet	
fee required under 37 C.F.R. §§ 1.16, 1.17 1.19 and 1.20	1811	100	1811	100	Certificate of Correction	
2. X Payment Enclosed:	1812	2,520	1812	2,520	For filing a request for reexamination	
Check (Check No. 1258)	576	25	576	25	Additional filing receipt, duplicate or corrected due to applicant error	
FEE CALCULATION (fees effective 10/01/2004)	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1. FILING FEE	1251	110	2251	55	Extension for response within first month	
	1252	430	2252	215	Extension for response within second month	
Large Entity Small Entity Fee (\$) Fee (\$) Fee Description Fee Paid	1253	980	2253	490	Extension for response within third month	
1001 790 2001 395 Utility filing fee	1254	1,530	2254	765	Extension for response within fourth month	
1002 350 2002 175 Design filing fee	1255	2,080	2255	1,040	Extension for response within fifth month	
1003 550 2003 275 Plant filing fee	1401	340	2401	170	Notice of Appeal	
1004 790 2004 395 Reissue filing fee	1402	340	2402	170	Filing a brief in support of an appeal	
1005 160 2005 80 Provisional filing fee	1403	300	2403	150	Request for oral hearing	
	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) \$ 0.00	1452	110	2452	55	Petition to revive unavoidably abandoned application	
2. CLAIMS Extra Fee from Claims Below Fee Paid	1453	1,370	2453	685	Petition to revive unintentionally abandoned application	
Total Claims * x 18 =	1501	1,370	2501	685	Utility issue fee (or reissue)	1,370.00
Ind. Claims* x 88 =	1502	490	2502	245	Design issue fee	
Multiple Dependent Claims add 300 =	1814	110	2814	55	Statutory Disclaimer	
* Enter Highest Number Previous Paid For	1460	130	1460	130	Petitions to the Director	
Large Entity Small Entity Fee Description Fee (\$) Fee (\$)	1807	50	1807	50	Petitions related to provisional applications	
1202 18 2202 9 Claims in excess of 20	1806	180	1806	180	Submission of Information Disclosure Stmt	
1201 88 2201 44 Independent claims in excess of 3	8021	40	8021	40	Recording each patent assignment per property (times number of property)	
1203 300 2203 150 Multiple dependent claim	1809	790	2809	395	Filing a submission after final rejection (37 C.F.R. § 1.129(a))	
1204 86 2204 43 Reissue independent claims over original patent	1801	790	2801	395	Request for Continued Examination	
1205 18 2205 9 Reissue claims in excess of 20 and over original patent	Other Fee (specify) Publication Fee				300.00	
SUBTOTAL (2) \$ 0.00	1				SUBTOTAL (3)	\$ 1,670.00
						

SUBMITTED BY						
Typed or Printed Name	Michael W. Haas			Reg. Number	35,174	
Signature	Rubul W. Haga	Date	October 25, 2004	Deposit Account Number	50-0558	



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EL 997387148 US	October 25, 2004		
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Michael W. Haas

Typed or printed name of person mailing correspondence

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OT 25 7001 E UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Inventor

JAFARI et al.

Appln. No.

10/617,590

Conf. No.:

3705

Filed:

July 11, 2003

Title:

MEDICAL VENTILATOR TRIGGERING AND CYCLING

METHOD AND MECHANISM

Group Art Unit

3743

Examiner

Mitchell, T.

Docket No.

99-27 C1

October 25, 2004

PAYMENT OF ISSUE FEE

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

Sir:

Enclosed herewith are the following for filing in connection with the aboveidentified U.S. patent application:

- 1) A completed Issue Fee Transmittal Form PTOL 85(b)(1 page);
- 2) Check No. <u>1258</u> in the amount of \$<u>1,670.00</u>;
- 3) Fee Transmittal Form (1 page, 2 copies);

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on October 25, 2004 with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450. Express Mail Label No. EL 997387148 US.

Michael W. Haas, Reg. No. 35,174

JAFARI et al. -- Appln. No.: 10/617,590

- 4) Transmittal Form (1 page); and
- 5) Certificate of Mailing by Express Mail (1 page, Express Mail Label No. <u>EL 997387148 US</u>).

As noted in the Fee Transmittal Form submitted herewith, the Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 50-0558.

Respectfully submitted,

Michael W. Haas

Reg. No.: 35,174

Tel. No.: (724) 387-5026 Fax No.: (724) 387-5021

RESPIRONICS, INC. 1010 Murry Ridge Lane Murrysville PA, 15668